

The heritable and invested property of the University amounted to over £1,700,000. The benefactions acknowledged during the year 1925-26 had amounted to over £244,000.

MIDWIVES AND MATERNITY HOMES (SCOTLAND)

Act, 1927.

The Scottish Board of Health has issued a circular to local authorities drawing their attention to the Act of the present year which amends the Midwives (Scotland) Act of 1915 and provides for registration and inspection of maternity homes. The Act came into operation on July 29th, 1927. One of the new provisions enacts that any person not certified as a midwife who attends a woman in childbirth may do so only under the direction and personal supervision of a qualified medical practitioner. Protection is, however, afforded to persons attending a case of sudden or urgent necessity. Students undergoing training in midwifery are also excepted. Midwives are given the right of recovering reasonable compensation from the local authority when suspended from practice to prevent the spread of infection. Payments in connexion with maternity and child welfare schemes are also sanctioned. The section relating to medical assistance in case of emergency now provides that the fee paid to the doctor instead of covering "one subsequent visit" shall cover "such further visits as shall be prescribed by the scale" fixed by the Scottish Board of Health. Another section provides that for any areas in which a maternity service and child welfare scheme is not in operation the local supervising authority shall provide the services of a midwife or doctor when necessary, with power to recover the fee from the husband or guardian. With regard to registration and inspection of maternity homes, this section of the Act comes into operation from January 1st, 1928, and imposes a penalty on any person who thereafter carries on a maternity home unless it is registered. The fee payable for registration is to be 5s. The registration is effected by the local supervising authority, but may be reduced or cancelled if the authority is not satisfied that the person is fit to carry on the home or that the situation, sanitation, accommodation, staffing, or equipment is not fit for a maternity home. Homes, together with their prescribed records, may be inspected by officers of the local supervising authorities and by officers of the Scottish Board of Health. The local supervising authority has power to exempt from the inspection and registration any hospital or similar institution not carried on for profit. Local authorities are instructed in the circular as soon as possible to give notice by advertisement or otherwise to ensure that persons carrying on maternity homes in their areas are made aware of the requirements of registration.

Correspondence.

WHAT IS COMPARATIVE MEDICINE?

SIR,—In the report of the meeting of the Section of Comparative Medicine of the Royal Society of Medicine (BRITISH MEDICAL JOURNAL, October 29th, pp. 788 and 797) no actual definition of "comparative medicine" is given. As a study comparative medicine seems so extensive that it can only be defined somewhat as follows:

"The study of disease and its treatment, by comparison, in human beings, animals, and plants, and in relation to race or variety, sex, age, place in family, climate, season, soil, food, and mode of life (as modified by occupation, habits, and surrounding influences)."

It must, of course, necessarily include the study of normal as well as pathological anatomy and physiology, and must partially depend on a variety of other scientific knowledge.—I am, etc.,

London, W.1, Oct. 29th.

F. PARKES WEBER.

TUBERCULOSIS OF THE KIDNEY.

SIR,—I have read with great interest the account of the discussion on renal tuberculosis at the Annual Meeting held in Edinburgh last July (BRITISH MEDICAL JOURNAL, October 8th, pp. 625-633), and hope you will allow me to raise a few points.

Regarding Professor Fullerton's method of retroperitoneal catheterization of the ureters by open operation, I would like to mention that in 1913 and 1914 I had four cases on which I did a similar operation, but, instead of making two oblique incisions, I exposed the pelvic portions of both ureters by means of a single median incision. The badly infected ureter was recognizable at a glance. It was thick and hard, and was stretched like a bowstring across the pelvis. The apparently healthy ureter was catheterized through an incision about an eighth of an inch long in its wall.

Recently, I have not found it necessary to expose the ureters for the purpose of making a diagnosis, as I have adopted a different method. No patient with one perfectly healthy and unobstructed kidney ever has permanently high blood urea. On the other hand, normal blood urea does not guarantee the integrity of one kidney, as it may be found where both kidneys are only slightly damaged. If, therefore, a patient suffering from advanced renal tuberculosis gives a high blood urea the disease is bilateral, and I feel that it is unnecessary to catheterize his ureters as operation is contraindicated. If he gives a normal blood urea the ureters should be catheterized, and in most cases the disease will be found to be unilateral. In this way it is possible to weed out most of the inoperable cases without putting them to any discomfort. I have never failed to catheterize the ureters in any case with a normal blood urea, and therefore have not been driven to expose them by open operation in order to make a diagnosis.

I note that Sir John Thomson-Walker stated that chromocystoscopy "has little value in deciding whether the kidney is tuberculous." Strictly speaking he is correct, as a delay in the appearance of the colour, or a diminution in its intensity, is found in a host of conditions other than renal tuberculosis. But if tubercle bacilli have been found in the urine, a poor elimination of the dye on one side as compared with the other is strong presumptive evidence of involvement of that kidney. I believe that, in order to obtain the best results from this test, only a small quantity of indigo-carmin (5 c.cm. of a 0.4 per cent. solution) should be injected into a vein. I never give intramuscular injections, as the time of appearance of the colour is so variable (from six to ten minutes with a healthy kidney). The excretion of the dye commences four to five minutes after an intravenous injection. Again, if a large quantity of the dye is injected, the blue coloration is so intense that the cystoscopic medium soon becomes obscured, and in addition it may be impossible to discover any difference in the intensity of the colour coming from the two ureters, although one kidney may be actually eliminating much more dye than the other. If two solutions of the dye are very dilute a slight difference in their concentration is readily recognizable by the shade; if they are both strong the colour is so intense that a considerable difference in their concentration cannot be detected by inspection. After an intravenous injection of a small quantity of indigo-carmin, not only is the first appearance of the dye easily recognized, but any difference in intensity of the colour from the two sides is usually well marked.

Of course, a good elimination of the dye does not preclude a minute tuberculous lesion of the kidney. The results of this test must always be controlled by catheterization of the ureters before operation. Chromocystoscopy is a test not of renal tuberculosis, but of the functional value of the kidney. Tuberculosis rapidly destroys the kidney's excretory value, and therefore this test is of definite, though indirect, use.—I am, etc.,

London, W.1, Oct. 17th.

J. SWIFT JOLY.

DISEMBOWELMENT AND SHOCK.

SIR,—I noticed in your issue of September 24th (p. 569) a letter referring to the capacity of the human organism to endure the shock of being disembowelled. The following incident may be of interest.

During the war I was medical officer to the 33rd Battalion Canadians, and in the battle of Givenchy the first Canadian battalion was very badly cut up, owing to the fact that one or two of the battalions of the British Division on our left met with obstacles which caused our